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Michael G. Adams Kentucky Secretary of State Received and Filed: 1/4/2023 12:48 PM Fee Receipt: \$40.00

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COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

| Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov | Amended Certificate of Aut (Foreign Business Entity) | hority | FCA | | |
|---|---|------------------------|---|--|--|
| | RS Chapter KRS 14A.9 - 040 the unde amed below and, for that purpose, sub | | | | |
| | profit corporation professional service corporation limited liability company professional limited liability company limited cooperative association other | busin | rofit corporation. less trust d partnership tory trust profit LLC | | |
| 2. The name of the company is: LABOR SOLUTIONS - RECRUITING RESOURCE GROUP, LLC | | | | | |
| | (The name must be identical to the nam | e on record with the S | Secretary of State.) | | |
| 3. It is an entity organized and ex | isting under the laws of the state or cou | untry of | DELAWARE | | |
| | transact business in Kentucky on | 02/01/2022 | | | |
| 5. The entity has changed its (che | ck all that apply) | | | | |
| Domicile name to | o | | | | |
| Name to be used | d in Kentucky to | | | | |
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| Form of organiza | | | | | |
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| L Management typ | e: Member managed | Manager mar | lageo | | |
| 6. This application will be effectiv | e upon filing. | | | | |

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. $A \downarrow \mu$ $A \downarrow \mu$ $A \downarrow \mu$ $A \downarrow \mu$

| MIRLA | MICHAEL D. NIX | MANAGER | 1/3/2023 |
|---|----------------|---------|----------|
| Signature of Authorized Representative Printe | ed Name | Title | Date |